

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026603

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

590

Registrar's No.

1822

FILED JUL 1 1963

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Pine LawnLength of stay in 1b
6 Wks.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 4112 Ravenwood St.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Ohio b. COUNTY

c. CITY OR TOWN Springfield

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
416 So. Fountain St.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Pearl Mae Creachbaum4. DATE OF DEATH Month Day Year
June 7, 1963.

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8-2-84

9. AGE (last birthday)

78

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Chicago, Illinois

12. CITIZEN OF WHAT COUNTRY

U. S

13a. FATHER'S NAME

Benjamin Ripper

13b. MOTHER'S MAIDEN NAME

Unknown Penny

14. NAME OF HUSBAND OR WIFE

John W. Creachbaum

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown); (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Leona Brake, Pine Lawn, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Vascular Accident

INTERVAL BETWEEN
ONSET AND DEATH
15 min.

DUE TO (b)

Cerebral Arteriosclerosis

10-20 yrs

DUE TO (c)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic Heart Disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 5, 1963 to June 7, 1963 last saw her alive on June 5, 1963
Death occurred at 10:40 A M on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Leonard R. Piccine MD

22b. ADDRESS

Pine Lawn, Mo.
6303 Natural Bridge Ave. Mo

22c. DATE SIGNED

6-7-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

6-7-63

23c. NAME OF CEMETERY OR CREMATORY

Glenn Haven Cemetery

23d. LOCATION (City, town, or country)

Springfield, Ohio.

(State)

24. FUNERAL DIRECTOR

White-Mullen Mortuary, Ferguson, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

6-7-63

26. REGISTRAR'S SIGNATURE

John B. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed A. K. Katermann

Licensed Embalmer No. 3395

P. O. Address Berkeley, Cal.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.